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CONFIRMATION NO. 7756

<b>SERIAL NUMBER</b> 09/227,749	<b>FILING OR 371(c) DATE</b> 01/08/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 10062-1
<b>APPLICANTS</b> BRIAN J. BALIN, PAOLI, PA; J. TODD ABRAMS, MERION, PA; ALAN P. HUDSON, NOVI, MI; JUDITH A. WHITTUM-HUDSON, NOVI, MI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/070,855 01/09/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/27/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>gld</u> Initials <u>ml</u>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 12				
<b>ADDRESS</b> 3000				
<b>TITLE</b> TREATMENT AND DIAGNOSIS OF ALZHEIMER'S DISEASE				
<b>FILING FEE RECEIVED</b> 1636	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	